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ITE	HEDULE A (FEC Form 3) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 64 (check only one)    X   11a
Any or fo	information copied from such Reports and or commercial purposes, other than using the	ne name and a	address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) Menendez for Senate			
_ [	ull Name (Last, First, Middle Initial) Benjamin Leon III			Date of Receipt
<b>A</b> . –	failing Address 9100 Arvida Drive			04 03 2015
	ity	State	Zip Code	Transaction ID : C10666980
	Miami	FL	33156	_
	EC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period
L	lame of Employer eon Medical Centers	Occupation President &		
R	Receipt For: 2018 Primary Seneral Other (specify)	Election C	ycle-to-Date 5400.00	
	ull Name (Last, First, Middle Initial) Carol J. Scheer			Date of Receipt
<b>D.</b> ⊼	failing Address 394 University Drive			06 10 / 2015
	City Valdorf	State MD	Zip Code 20602	Transaction ID : C10731951
	EC ID number of contributing ederal political committee.	C.		Amount of Each Receipt this Period
N	lame of Employer	Occupation	1	35.00
N	1/Δ	Retired		

	N/A	Retired	
	Receipt For: 2018  Primary General Other (specify)	Election Cycle-to-Date	
C.	Malling Address 630 Leucadendra Drive		Date of Receipt  Date of Receipt  O4  O3  O4  O3  O4  O5  O6  O6  O6  O7  O7  O7  O7  O7  O7  O7
	City Coral Gables	State Zip Code FL 33156	Transaction ID : C10666981
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Leon Medical Centers	Executive Chairman	
	Receipt For: 2018 Primary	Election Cycle-to-Date 5400.00	
r	UBTOTAL of Receipts This Page (optional)		5435.00